PART B - FEE(S) TRANSMITTAL

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appropriate All further of	orrespondence includ below or directed or	ing the Patent advance o	wders and notification of	maintenance tees W	red). Blocks 1 through 5 sh ill be mailed to the current and/or (b) indicating a sepa	correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
21378 7590 03/07/2007 APPLIED MEDICAL RESOURCES CORPORATION 22872 Avenida Empresa Rancho Santa Margarita, CA 92688				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				(Depositor's name)			
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APPLICATION NO FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO	
10/056,831		John R. Brustad		A-2207-AL	3412		
HILE OF INVENTION: SURGICAL ACCESS DEVICE WITH FLOATING GEL SEAL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES NO	-\$700- 1400	\$300	\$0	-\$1000- 170	06/07/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MENDEZ, MANUEL A		3763	604-167020				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents If no name is 3 Richard L. Myers			
3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOIE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (A) NAME OF ASSIGNEE (B) RESIDENCE: (CIIY and STATE OR COUNTRY) APPLIED MEDICAL RESOURCES CORPORATION Rancho Santa Margarita, California							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🈂 Corporation or other private group entity 🔲 Government							
4a. The following fee(s) are s X Issue Fee X Publication Fee (No si X Advance Order - # of	nall entity discount p	ermitted)	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01215 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
Authorized Signature Brandle. Date May 25, 2007							
Typed or printed name	David G. 1	Maidali		Registration No	53257		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the armount of time your require to complete this formation process. Proceedings that the complete complete the Chief Information of the complete complete the chief Information of the complete complete the Chief Information of the complete complete complete the Chief Information of the complete compl							

Tl an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including an application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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